

## Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **California State Park Peace Officer**, in accordance with POST Regulation 1002.
- Type or **neatly print** in ink responses to **all** items and questions. You may electronically complete the PHS by going to <http://www.parks.ca.gov/PHSform/> and downloading the Word version of the form. The form cannot be submitted electronically. You must print the completed form to initial each page and sign.
- If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- It is your responsibility to obtain all pertinent information necessary for this Department to contact all your stated references.
- If you need more space for any response, use the last page of this form (page 30) and identify the additional information by the question number.

## Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. **However, deliberate misstatements or omissions can, and often will, result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.** In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: Be as complete, honest, and specific as possible in your responses.***

### DISCLOSURE OF MEDICALLY-RELATED INFORMATION

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected, or required, to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

# PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER

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## SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST		FIRST		MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY					
3. ADDRESS WHERE YOU RESIDE					
NUMBER/STREET				APT/UNIT	
CITY		STATE		ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
5. CONTACT NUMBERS					
HOME (    )		WORK (    )		EXT                      OTHER (    ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER	
6. E-MAIL ADDRESS					
HOME			BUSINESS		
7. If you were born outside of the United States, are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. BIRTH PLACE (CITY – COUNTY – STATE – COUNTRY)				9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
				-	-
11. DRIVER'S LICENSE			12. PHYSICAL DESCRIPTION		
NO.		STATE	EXP	HEIGHT    ft.    in.    WEIGHT    lbs.    HAIR COLOR    EYE COLOR	

## SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY	
<ul style="list-style-type: none"><li>• Provide all applicable information in the spaces below.</li><li>• If relative is deceased, provide all applicable information and check the “deceased” box.</li><li>• If more space is needed, continue your response on page 30.</li></ul>	

<b>A. Father</b> <input type="checkbox"/> Deceased					
NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
HOME PHONE (    )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
WORK PHONE (    )		CELL PHONE (    )		E-MAIL	

<b>B. Step-father</b> <input type="checkbox"/> Deceased					
NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
HOME PHONE (    )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
WORK PHONE (    )		CELL PHONE (    )		E-MAIL	

<b>C. Mother</b> <input type="checkbox"/> Deceased					
NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
HOME PHONE (    )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY                      STATE                      ZIP	
WORK PHONE (    )		CELL PHONE (    )		E-MAIL	

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**SECTION 2: RELATIVES AND REFERENCES** *continued*13. IMMEDIATE FAMILY *continued***D. Step-mother** ☐ Deceased

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			

**E. Spouse/Registered Domestic Partner** ☐ Deceased

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**F. Father-in-law** ☐ Deceased

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			

**G. Mother-in-law** ☐ Deceased

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			

**H. Former Spouse(s)/Former Registered Domestic Partner(s)** ☐ Deceased

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**I. Fiancé/Fiancée/Significant Other**

NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE (   )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE (   )		CELL PHONE (   )	E-MAIL			

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**SECTION 2: RELATIVES AND REFERENCES** *continued*13. IMMEDIATE FAMILY *continued***J. Brothers and Sisters** – List all siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				
2) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				
3) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				
4) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				
5) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				
6) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
<input type="checkbox"/> F	( )					
<input type="checkbox"/> Age ____	WORK PHONE	CELL PHONE	E-MAIL			
<input type="checkbox"/> Deceased	( )	( )				

**K. Children** – List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> Deceased		CONTACT NUMBER	E-MAIL		
		( )			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> Deceased		CONTACT NUMBER	E-MAIL		
		( )			

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**SECTION 2: RELATIVES AND REFERENCES** *continued***13. IMMEDIATE FAMILY (Section K. Children)** *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT) CITY			STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		E-MAIL	
<input type="checkbox"/> Deceased					
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT) CITY			STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		E-MAIL	
<input type="checkbox"/> Deceased					
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT) CITY			STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		E-MAIL	
<input type="checkbox"/> Deceased					
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	MAILING ADDRESS (NUMBER – STREET – APT) CITY			STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		E-MAIL	
<input type="checkbox"/> Deceased					

**L. Relatives Who Currently Work for California State Parks - List name(s) and contact information.**☐ I have no relatives who currently work for California State Parks.

1) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT) CITY STATE ZIP			
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT) CITY			STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL	RELATIONSHIP	
2) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT) CITY STATE ZIP			
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT) CITY			STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL	RELATIONSHIP	

**14. REFERENCES**List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. **Do not list individuals listed elsewhere,** such as relatives, supervisors, co-workers, and housemates.

A) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT) CITY STATE ZIP			
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT) CITY			STATE ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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**SECTION 2: RELATIVES AND REFERENCES** *continued***14. REFERENCES** *continued*

B) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
	HOME PHONE ( )	MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
	WORK PHONE ( )	CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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**SECTION 2: RELATIVES AND REFERENCES** *continued*14. REFERENCES *continued*

H) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

  

I) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

  

J) NAME		PHYSICAL HOME ADDRESS (NUMBER – STREET – APT)		CITY	STATE	ZIP
HOME PHONE ( )		MAILING ADDRESS IF DIFFERENT FROM ABOVE (NUMBER – STREET – APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	E-MAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

**SECTION 3: EDUCATION****NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ High School Proficiency Certificate

## 16. List all high schools attended:

A) NAME			FROM (mo./yr.)	TO (mo./yr.)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP	

  

B) NAME			FROM (mo./yr.)	TO (mo./yr.)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP	

## 17. List all colleges or universities attended:

A) NAME		FROM (mo./yr.)	TO (mo./yr.)	TOTAL UNITS EARNED <input type="checkbox"/> sem. <input type="checkbox"/> qtr.	TYPE OF DEGREE EARNED
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP	

  

B) NAME		FROM (mo./yr.)	TO (mo./yr.)	TOTAL UNITS EARNED <input type="checkbox"/> sem. <input type="checkbox"/> qtr.	TYPE OF DEGREE EARNED
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP	

  

C) NAME		FROM (mo./yr.)	TO (mo./yr.)	TOTAL UNITS EARNED <input type="checkbox"/> sem. <input type="checkbox"/> qtr.	TYPE OF DEGREE EARNED
ADDRESS (NUMBER – STREET)		CITY	STATE	ZIP	

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**SECTION 3: EDUCATION** *continued***17. COLLEGES OR UNIVERSITIES** *continued*

D) NAME	FROM (mo./yr.)	TO (mo./yr.)	TOTAL UNITS EARNED <input type="checkbox"/> sem. <input type="checkbox"/> qtr.	TYPE OF DEGREE EARNED
ADDRESS (NUMBER – STREET)	CITY	STATE	ZIP	
E) NAME	FROM (mo./yr.)	TO (mo./yr.)	TOTAL UNITS EARNED <input type="checkbox"/> sem. <input type="checkbox"/> qtr.	TYPE OF DEGREE EARNED
ADDRESS (NUMBER – STREET)	CITY	STATE	ZIP	

**18. List any trade, vocational, or business schools/institutes attended:**

A) NAME	FROM (mo./yr.)	TO (mo./yr.)	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)	CITY	STATE	ZIP
B) NAME	FROM (mo./yr.)	TO (mo./yr.)	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (NUMBER – STREET)	CITY	STATE	ZIP

**19. Have you ever attended a POST Basic Academy?** ..... ☐ Yes ☐ No

If yes, provide the following information:

ACADEMY NAME	FROM (mo./yr.)	TO (mo./yr.)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION ADDRESS (NUMBER – STREET – CITY – STATE – ZIP CODE)			
NAME OF TRAINING OFFICER/ACADEMY COORDINATOR			CONTACT NUMBER ( )

**20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?** ..... ☐ Yes ☐ No

If yes, describe, in detail, below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.


**SECTION 4: RESIDENCE****21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER – STREET – APT # – APT COMPLEX NAME)	FROM (mo./yr.)	TO
		<b>Present</b>
CITY	STATE	ZIP
IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)		CONTACT NUMBER ( )
CITY	STATE	ZIP
E-MAIL		
Names of those with whom you live:		



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**SECTION 4: RESIDENCE** *continued*21. LIST OF RESIDENCES *continued*

B) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					
D) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					

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**SECTION 4: RESIDENCE** *continued*21. LIST OF RESIDENCES *continued*

F) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					

G) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)	TO (mo./yr.)
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)				CONTACT NUMBER ( )	
CITY		STATE	ZIP	E-MAIL	
Names of those with whom you lived:					
Reason for moving:					

☐ **Answers to Question 21 continued on page 31.**

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. **DO NOT** list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 30.

A) NAME				CONTACT NUMBER ( )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				E-MAIL	

B) NAME				CONTACT NUMBER ( )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				E-MAIL	

C) NAME				CONTACT NUMBER ( )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE		ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)				E-MAIL	

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 4: RESIDENCE** *continued***22. LIST OF HOUSEMATES** *continued*

D) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	
E) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	
F) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	
G) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	
H) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	
I) NAME		CONTACT NUMBER (    )	
CURRENT MAILING ADDRESS (NUMBER – STREET – APT #)		CITY	STATE      ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		E-MAIL	

23. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes      ☐ No24. Have you ever left a residence owing rent? ..... ☐ Yes      ☐ NoIf you answered yes to **Questions 23 and/or 24**, explain (include when, where, and circumstances):

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**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT****25. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. Begin with your most current.
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)	TO (mo./yr.)
ADDRESS (NUMBER – STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		E-MAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Your employer will be contacted during the course of the investigation.) If yes, explain:			

B) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------

C) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)	TO (mo./yr.)
ADDRESS (NUMBER – STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		E-MAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------

E) NAME OF EMPLOYER OR MILITARY UNIT <input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)	TO (mo./yr.)
ADDRESS (NUMBER – STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ( )
JOB TITLE		E-MAIL	
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)		REASON FOR LEAVING	

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25. JOB EXPERIENCE *continued.*

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------

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25. JOB EXPERIENCE *continued.*

R) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------

**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

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26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness? _____		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?..... ☐ Yes ☐ No  
If yes, how often? \_\_\_\_\_

38. Has your work performance ever been affected by your use of alcohol or drugs?..... ☐ Yes ☐ No

WHEN?

NAME OF EMPLOYER

39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... ☐ Yes ☐ No

WHEN?

NAME OF EMPLOYER

40. Have you ever applied to any other law enforcement agency (city, county, state, or federal) **in any capacity?**..... ☐ Yes ☐ No  
• If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).  
• All agencies **MUST** be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

A) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER – STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER  
( )

EXT

POSITION APPLIED FOR

E-MAIL

Check each step in the process that you completed and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offerSTATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

B) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER – STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER  
( )

EXT

POSITION APPLIED FOR

E-MAIL

Check each step in the process that you completed and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offerSTATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified

C) NAME OF AGENCY

DATE APPLIED

ADDRESS (NUMBER – STREET)

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)

CITY

STATE

ZIP

CONTACT NUMBER  
( )

EXT

POSITION APPLIED FOR

E-MAIL

Check each step in the process that you completed and your status:

STEPS: ☐ Application ☐ Written ☐ Physical agility ☐ Oral ☐ Polygraph/CVSA ☐ Background ☐ Chief's oral ☐ Conditional job offerSTATUS: ☐ Hired ☐ On List ☐ Withdrawn ☐ Disqualified



**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 5: EXPERIENCE AND EMPLOYMENT**40. LAW ENFORCEMENT AGENCIES WHERE APPLIED FOR EMPLOYMENT *continued.*

D) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (     )	EXT	
POSITION APPLIED FOR			E-MAIL		
<p>Check each step in the process that you completed and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

E) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (     )	EXT	
POSITION APPLIED FOR			E-MAIL		
<p>Check each step in the process that you completed and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

F) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (     )	EXT	
POSITION APPLIED FOR			E-MAIL		
<p>Check each step in the process that you completed and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

G) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER (     )	EXT	
POSITION APPLIED FOR			E-MAIL		
<p>Check each step in the process that you completed and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph/CVSA   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

☐ **Answers to Question 40 continued on page 33.**

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 6: MILITARY EXPERIENCE**

41. Are you required to register for the Selective Service? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you registered? ..... <input type="checkbox"/> Yes. Selective Services number: ..... <input type="checkbox"/> No. Explain below.	
42. BRANCH OF SERVICE	43. DATES OF SERVICE From (mo./yr.) ..... To (mo./yr.) .....
44. TYPE OF DISCHARGE: <input type="checkbox"/> Honorable <input type="checkbox"/> General (Under Honorable Conditions) <input type="checkbox"/> OTH or UD (Other than Honorable Conditions) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – <i>refer to your DD-214</i> : .....	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends: .....	
46. List any military specialties and/or service commendations:     	

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What was your security clearance? ..... Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to <b>Questions 47 and/or 48</b> , explain (include dates and circumstances):  ..... ..... ..... ..... ..... .....	

**SECTION 7: FINANCIAL**

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever failed to file income tax or cheated/lie on an income tax form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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58. Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever failed to make, or been late on, a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for handwriting practice or general note-taking. The margins are consistent on all sides.

For each of the following questions fill in the amounts to the nearest dollar.

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*

# PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER

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## SECTION 7: FINANCIAL *continued*

62. INCOME AND EXPENSES *continued*.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary	\$	Real Estate (mortgage) payment(s)	\$
Spouse's Salary	\$	Rent	\$
<b>Other Monthly Income – describe:</b>		Vehicles (including insurance, gas, maint.)	\$
	\$	Credit Cards	\$
	\$	Cable/Satellite	\$
	\$	Phones (including cellular)	\$
	\$	Home-Owners Association	\$
	\$	Utilities	\$
	\$	Entertainment	\$
	\$	Food	\$
	\$	<b>Other Monthly payment(s) – describe:</b>	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENDITURES</b>	<b>\$</b>

CURRENT ASSETS		CURRENT LIABILITIES	
Savings	\$	Real Estate Indebtedness	\$
Checking	\$	Long-term loans	\$
Real Estate	\$	Charge Accounts	\$
Stocks and Bonds	\$	<b>Other Liabilities – describe:</b>	
Life Insurance (cash value of whole life policy)	\$		\$
Autos	\$		\$
<b>Other Assets – describe:</b>			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 8: LEGAL**

**Disclosure of Arrests/Citations/Convictions**

As an applicant for a **peace officer position**, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions and arrests/citations, whether they resulted in a conviction or not, except traffic citations. Traffic citations will be listed separately under Question 84.
- ALL convictions.
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 30.

63. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** ..... ☐ Yes ☐ No  
If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

64. Have you ever been placed on court probation as an adult?..... ☐ Yes ☐ No

65. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?..... ☐ Yes ☐ No

66. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ..... ☐ Yes ☐ No

67. Have the police ever been called to your home for any reason? ..... ☐ Yes ☐ No

68. Have you or your spouse/partner ever been contracted by Child Protective Services for any reason? ..... ☐ Yes ☐ No

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 8: LEGAL** *continued*

69. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ..... ☐ Yes ☐ No

70. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ..... ☐ Yes ☐ No

71. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ..... ☐ Yes ☐ No

72. Have you ever filed a false insurance or workers' compensation claim? ..... ☐ Yes ☐ No

If you answered yes to any of **Questions 64–72**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

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**73. UNDETECTED ACTS – PART 1**

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

A) Annoying/obscene phone calls ..... ☐ Yes ☐ No

B) Battery (use of force or violence upon another) ..... ☐ Yes ☐ No

C) Brandishing a weapon (any type of weapon) ..... ☐ Yes ☐ No

D) Carrying a concealed weapon without a permit ..... ☐ Yes ☐ No

E) Contributing to the delinquency of a minor ..... ☐ Yes ☐ No

F) Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ..... ☐ Yes ☐ No

G) Driving under the influence of alcohol and/or drugs ..... ☐ Yes ☐ No

H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ..... ☐ Yes ☐ No

I) Hit & run collision (no injuries) ..... ☐ Yes ☐ No

J) Hunting/fishing without a license ..... ☐ Yes ☐ No

K) Illegal gambling ..... ☐ Yes ☐ No

SECTION 8: LEGAL continued
73. UNDETECTED ACTS – PART 1 continued

L) Impersonating a peace officer (pretending to be a police officer) Yes No
M) Indecent exposure (including flashing or mooning) Yes No
N) Joyriding (using a car or other vehicle without owner's permission) Yes No
O) Petty theft (value up to \$400, including shoplifting/switching price tags) Yes No
P) Possession of alcohol as a minor Yes No
Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) Yes No
R) Possession of stolen property (including vehicles) Yes No
S) Prostitution or soliciting a prostitute Yes No
T) Resisting arrest (including running from the police) Yes No
U) Trespassing Yes No
V) Vandalism (including "tagging", malicious mischief and/or property damage) Yes No
W) Intentionally writing a bad check Yes No
X) Filing a false police report Yes No
Y) Any other act amounting to a misdemeanor within the past seven years Yes No

If you answered yes to any item(s) in Question 73, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

[Handwritten text area with lines for explanation]

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 8: LEGAL** *continued***74. UNDETECTED ACTS – PART 2***At any time in your life have you **ever** committed any of the following?*

A) Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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74. UNDETECTED ACTS – PART 2 *continued*

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PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER

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SECTION 8: LEGAL *continued*

**Questions 75 and 76** ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- |   |  |                              |
|---|--|------------------------------|
| – Amphetamines/Methamphetamines<br>( <i>Uppers, Speed, Crank, etc</i> ) | – Glue   | – Mescaline                  |
| – Barbiturates ( <i>Downers</i> )                                       | – Hallucinogens<br>( <i>Peyote, LSD, Mushrooms</i> ) | – Morphine                   |
| – Cocaine/Crack Cocaine   | – Hashish/Hashish Oil                                | – PCP (Angel Dust)           |
| – Designer Drugs<br>( <i>Ecstasy, Synthetic Heroin, etc.</i> )          | – Heroin/Opium                                       | – Quaaludes                  |
| – GHB ( <i>Date Rape Drug</i> )   | – Marijuana  | – Steroids                   |
|   |  | – Tetrahydrocannabinol (THC) |

75. Check all applicable boxes.

- ☐ I have **never** used any drug recreationally.
- ☐ I have used drugs recreationally within one year prior to the date of this document. If this box is checked, provide usage details in the table below.
- ☐ I have used drugs recreationally in the past but *not* within one year prior to the date of this document. If this box is checked, provide usage details in the table below.
- ☐ I have used drugs on a **regular** basis (*from one to several times a week or more*) in the past but *not* within one year prior to the date of this document. If this box is checked, provide usage details in the table below. Indicate **ONLY** the time period(s) of drug use and note "Regular Use" in the Circumstances box. **DO NOT** include the drug(s) used or frequency of use.

Drug Used	# Of Times	Over What Time Period?	Circumstances (e.g., at parties, concerts, experimentation, etc)

76. Have you ever engaged in any of the following activities for drugs, narcotics or illegal substances, including marijuana:

- |                 |              |                                |
|-----------------|--------------|--------------------------------|
| 1. Sold         | 3. Purchased | 5. Cultivated                  |
| 2. Manufactured | 4. Furnished | 6. Carried or held for another |

☐ Yes. Provide details in the table below. ☐ No

Drug Involved	Activity #(s) From Above (1-6)	Time Period(s)	Circumstances

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**SECTION 9: MOTOR VEHICLE OPERATION**

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State Of Issue	Type Of License	Name Under Which License Was Granted And License Number (if known)

79. Have you ever been refused a driver's license by any state? ..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

---

---

80. Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

---

---

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER – STREET) CITY		STATE	ZIP	CONTACT NUMBER ( )
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER – STREET) CITY		STATE	ZIP	CONTACT NUMBER ( )
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER – STREET) CITY		STATE	ZIP	CONTACT NUMBER ( )

82. Have you ever driven a vehicle without auto insurance, as required by law? ..... ☐ Yes ☐ No

IF YES, GIVE REASON:

DATES: Month/Year \_\_\_\_ to Month/Year \_\_\_\_

83. Have you ever been refused automobile liability insurance or a bond, or had it cancelled? ..... ☐ Yes ☐ No

IF YES, GIVE REASON:

DATES: Month/Year \_\_\_\_ to Month/Year \_\_\_\_

INSURANCE COMPANY

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

84. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
E) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

F) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☐ Yes, failed to appear    ☐ Yes, failed to complete traffic school    ☐ Yes, failed to pay the required fine    ☐ No

If yes, explain circumstances:

85. Have you been involved as the driver in a motor vehicle accident within the past seven years? ..... ☐ Yes    ☐ No

If yes, give details.

A) DATE		LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE		LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE		LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
D) DATE		LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

# PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER

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## SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

## SECTION 10: OTHER TOPICS

86. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
89. Are you now, or have you ever been a member or associate of any group that advocates violence against individuals and/or destruction of public or private property? ..... ☐ Yes ☐ No
90. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No
91. Have you ever hit or physically overpowered a spouse or romantic partner? ..... ☐ Yes ☐ No

If you answered yes to any of **Questions 86–91**, give details including dates and circumstances; indicate corresponding number.

## SECTION 11: CERTIFICATION

92. ***I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification or, if I have been appointed, may disqualify me from continued employment.***

SIGNATURE IN FULL

DATE



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- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**21. LIST OF RESIDENCES** *continued*

H) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)		TO (mo./yr.)	
CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)					CONTACT NUMBER ( )		
CITY			STATE	ZIP	E-MAIL		
Names of those with whom you lived:							
Reason for moving:							
I) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)		TO (mo./yr.)	
CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)					CONTACT NUMBER ( )		
CITY			STATE	ZIP	E-MAIL		
Names of those with whom you lived:							
Reason for moving:							
J) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)		TO (mo./yr.)	
CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)					CONTACT NUMBER ( )		
CITY			STATE	ZIP	E-MAIL		
Names of those with whom you lived:							
Reason for moving:							
K) FORMER ADDRESS (NUMBER – STREET – APT # – APT COMPLEX NAME)				FROM (mo./yr.)		TO (mo./yr.)	
CITY			STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER – STREET – APT)					CONTACT NUMBER ( )		
CITY			STATE	ZIP	E-MAIL		
Names of those with whom you lived:							
Reason for moving:							

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S) NAME OF EMPLOYER OR MILITARY UNIT				<input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)		TO (mo./yr.)	
ADDRESS (NUMBER – STREET OR BASE)						SUPERVISOR			
CITY					STATE	ZIP	CONTACT NUMBER (     )		EXT
JOB TITLE						E-MAIL			
DUTIES/ASSIGNMENTS								<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS						REASON FOR LEAVING			
1)						2)			

T) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
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U) NAME OF EMPLOYER OR MILITARY UNIT				<input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)		TO (mo./yr.)	
ADDRESS (NUMBER – STREET OR BASE)						SUPERVISOR			
CITY				STATE	ZIP	CONTACT NUMBER (     )			EXT
JOB TITLE						E-MAIL			
DUTIES/ASSIGNMENTS								<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS						REASON FOR LEAVING			
1)						2)			

V) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------

W) NAME OF EMPLOYER OR MILITARY UNIT				<input type="checkbox"/> Check if no longer in business		FROM (mo./yr.)		TO (mo./yr.)	
ADDRESS (NUMBER – STREET OR BASE)					SUPERVISOR				
CITY				STATE	ZIP	CONTACT NUMBER (     )			EXT
JOB TITLE					E-MAIL				
DUTIES/ASSIGNMENTS							<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			1)			2)		REASON FOR LEAVING	

X) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM (mo./yr.)	TO (mo./yr.)
--	----------------	--------------



**PERSONAL HISTORY STATEMENT – STATE PARK PEACE OFFICER**

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**40. LAW ENFORCEMENT AGENCIES WHERE APPLIED FOR EMPLOYMENT** *continued*

H) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
POSITION APPLIED FOR				E-MAIL	
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

I) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
POSITION APPLIED FOR				E-MAIL	
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

J) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
POSITION APPLIED FOR				E-MAIL	
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

K) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER – STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (    )	EXT
POSITION APPLIED FOR				E-MAIL	
Check each step in the process that you completed and your status: STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					